



**Utah Immunization Program  
Utah Vaccines For Children Program  
VACCINE ORDER FORM**

**(Ordering Instructions Follow)\*\***

|  |  |                                      |                          |                    |                   |
|--|--|--------------------------------------|--------------------------|--------------------|-------------------|
| 1. Date Submitted                          | 2. VFC Identification Number (PIN #)   | 3. Phone with Area Code<br>(       ) |                          |                    |                   |
| 4. Name of Clinic or Provider              |  |                                      |                          |                    |                   |
| 5.   | 6.   | 7.                                   | <b>UDOH VFC USE ONLY</b> |                    |                   |
| <b>VACCINE</b>                             | <b>BRAND NAME (MANUFACTURER)</b>   | <b>DOSES ORDERED</b>                 | Doses Filled             | Doses Back Ordered | VACMAN entry date |
| <b>DT</b> (<7 yrs)                         | Per State Contract   |                                      |                          |                    |                   |
| <b>DTaP</b>                                | <input type="checkbox"/> No brand preference<br><input type="checkbox"/> DAPTACEL (Aventis)<br><input type="checkbox"/> Tripedia (Aventis)<br><input type="checkbox"/> Infanrix (GSK)      |                                      |                          |                    |                   |
| <b>DTaP-HIB</b>                            | TriHIBit (Aventis) - 4 <sup>th</sup> DTaP dose only  |                                      |                          |                    |                   |
| <b>e-IPV</b>                               | IPOL (Aventis)   |                                      |                          |                    |                   |
| <b>Hep A</b>                               | <input type="checkbox"/> No brand preference<br><input type="checkbox"/> VAQTA (MSD)<br><input type="checkbox"/> Havrix (GSK)  |                                      |                          |                    |                   |
| <b>Hep B</b><br>(Preservative Free)        | <input type="checkbox"/> No brand preference<br><input type="checkbox"/> RECOMBIVAX HB (MSD)<br><input type="checkbox"/> ENGERIX-B (GSK)   |                                      |                          |                    |                   |
| <b>Hep B-HIB</b>                           | COMVAX (MSD)   |                                      |                          |                    |                   |
| <b>HIB</b>                                 | <input type="checkbox"/> No brand preference<br><input type="checkbox"/> ActHIB (Aventis)<br><input type="checkbox"/> PedvaxHIB (MSD)<br><input type="checkbox"/> HibTITER (Wyeth/Lederle) |                                      |                          |                    |                   |
| <b>MMR</b>                                 | MMR II (MSD)   |                                      |                          |                    |                   |
| <b>PCV7</b><br>(PNU 7)                     | Prenar (Wyeth/Lederle)   |                                      |                          |                    |                   |
| <b>Td</b> (≥7 yrs)                         | Per State Contract   |                                      |                          |                    |                   |
| <b>Varicella</b>                           | Varivax (MSD)  |                                      |                          |                    |                   |
| 8. Name of Person Completing Order (Print) |  |                                      | 9. Signature             |                    |                   |

**Note: Vaccine orders will be filled with a vaccine brand in inventory, if the brand selected is not available.**

**Vaccine storage temperatures: refrigerator (35° - 46° F / 2° - 8° C), freezer (5° F or colder / -15° C or colder)**

|                    |   |
|--------------------|---|
| <b>Mail to:</b>    | Utah Department of Health<br>Immunization Program<br>P.O. Box 142001<br>Salt Lake City, Utah 84114-2001 |
| <b>FAX Number:</b> | (801) 538-9440  |

## PROCEDURE FOR ORDERING VFC VACCINE

### General Instructions for Calculating Vaccine Doses

Calculate the amount of each vaccine generally used in a 2 to 3 month period, and use that figure as a basis for **reordering 4 - 6 times annually**.

Order vaccines **at least 30 days in advance** of inventory depletion, to avoid vaccine shortage.

### Instructions for Filling Out the Vaccine Order Form\*\*

1. *Date Submitted* -- Date provider submits form to UDOH VFC Program
2. *VFC Identification Number (PIN #)* -- Provider identifier number assigned by UDOH VFC Program – **use on all orders**
3. *Phone Number with Area Code* -- Include area code with phone number
4. *Name of Clinic or Provider* -- Name of group or healthcare provider enrolled as a VFC provider
5. *Vaccine* -- VFC vaccines available to providers
6. *Brand Name (Manufacturer)* -- Mark box with **X** to indicate preferred brand name when available
7. *Doses Ordered* -- Number of VFC vaccine **doses** needed for eligible populations on this order. Doses shipped will be adjusted by rounding up to conform with the available package size.
8. *Name of Person Completing Order* -- Print clearly
9. *Signature* -- Each order form **must** be signed by the person completing the order.

Make a **photocopy** of the vaccine order for your records. Forward the completed vaccine order form to the Utah VFC Program either by **FAX** or **mail**.

### Helpful Hints for Ordering Vaccine

**Vaccine delivery schedules are determined by the day of the week the order is received** by the Utah VFC Program and the preferred delivery days and times you have indicated on your *Provider Profile and Enrollment* form.

- Orders received Monday through Wednesday will typically be delivered the following week.
- Orders received Thursday and Friday will be delivered in two weeks, not the following week.
- Vaccines are shipped overnight from our storage depot located in Bastian, Virginia, on Monday, Tuesday, or Wednesday. No vaccines are shipped from the depot on Thursday or Friday to avoid weekend delivery and vaccine spoilage.
- Varicella is shipped separately from the other vaccines ordered, directly from the manufacturer (Merck).

To address questions regarding vaccine ordering, call the Utah VFC Program at (801) 538-9450.